

SECRET

TRAVEL VOUCHER				Submit an original and one copy. Submit an additional copy if the originating office desires an audited copy of the voucher returned.				
NAME OF PAYEE (Include employee personnel serial no., if any) [REDACTED] (Consultant) 25X1A				OFFICIAL DUTY STATION New York City		TELEPHONE EXT. 8612		
PERIOD COVERED BY THIS VOUCHER				TRAVEL ORDER NUMBER OR AUTHORITY FOR TRAVEL				
FROM 29 Feb 1960		TO 2 March 1960		TSS-296-60 (3) BLANKET				
SUMMARY OF EXPENSES CLAIMED BY TRAVELER				THIS SPACE FOR FINANCE USE ONLY				
PER DIEM		27.00						VOUCHER NO.
TRANSPORTATION		20.28						
OTHER		4.20						
TOTAL		51.48		TOTAL CLAIMED				
LESS ADVANCES AND TICKETS FURNISHED				LESS ADJUSTMENTS:				
BALANCE DUE TRAVELER		51.48						
EXCESS ADVANCED TO BE REFUNDED (Attach copy of refund receipt)								
25X1A PAYMENT INSTRUCTIONS [REDACTED]								
CERTIFICATIONS AND APPROVAL								
I certify that this voucher and any attachments are correct, the expenses were incurred on official business of a confidential nature, payment or credit has not been received; all quarters or meals furnished without charge are stated with appropriate deduction from per diem; and any leave taken has been noted in the itinerary.				AUDITED BY				
				NET APPROVED				
				CREDIT TO ADVANCE ACCOUNT				
DATE 3 March 60		SIGNATURE OF PAYEE		NET TO PAYEE				
APPROVED 25X1A				TRAVELER NOTIFIED THIS BALANCE DUE				
DATE 3 March 60		SIGNATURE OF APPROVING OFFICER [REDACTED] /c/TSD/CB		CERTIFIED FOR PAYMENT OR CREDIT				
				DATE		AUTHORIZED CERTIFYING OFFICER		
I CERTIFY FUNDS ARE AVAILABLE				RECEIPT				
OBLIGATION REFERENCE NO.		CHARGE ALLOTMENT NO. 0125-1009-1000		I HEREBY ACKNOWLEDGE THE RECEIPT OF THE SUM OF				
DATE		SIGNATURE OF AUTHORIZING OFFICER		DATE		SIGNATURE OF PAYEE		
SPACE BELOW FOR FINANCE USE ONLY								
(13-22) DESCRIPTION	(40-42) EXPEND. CODE	(47-52) ADVANCE ACCT. NO.	(53-57) GENERAL LEDGER ACCT. NO.	(59-67) ALLOTMENT LEDGER ACCT. NO.		(68-70) OBJECTIVE CLASS	(71-80) AMOUNT	
					X VOUCHER NO.		DEBIT	CREDIT

SECRET

(When Filled In)

Approved For Release 2000/04/14 : CIA-RDP78-03735A000200040003-9

TRAVEL VOUCHER

Submit an original and one copy. Submit an additional copy if the originating office desires an audited copy of the voucher returned.

NAME OF PAYEE (Include employee personnel serial no., if any) 25X1A		OFFICIAL DUTY STATION New York City	TELEPHONE EXT. 8612
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PERIOD COVERED BY THIS VOUCHER		TRAVEL ORDER NUMBER OR AUTHORITY FOR TRAVEL	
FROM 25 January 1960	TO 28 January 1960	TSS-296-60 (2) BLANKET	

SUMMARY OF EXPENSES CLAIMED BY TRAVELER		THIS SPACE FOR FINANCE USE ONLY	
PER DIEM		VOUCHER NO.	
TRANSPORTATION	39.00	TOTAL CLAIMED	
OTHER	20.28	LESS ADJUSTMENTS:	
	5.40		
TOTAL	64.68		
LESS ADVANCES AND TICKETS FURNISHED			
BALANCE DUE TRAVELER	64.68		
EXCESS ADVANCED TO BE REFUNDED			
(Attach copy of refund receipt)			

PAYMENT INSTRUCTIONS	
25X1A	
	

CERTIFICATIONS AND APPROVAL		AUDITED BY	
I certify that this voucher and any attachments are correct, the expenses were incurred on official business of a confidential nature, payment or credit has not been received; all quarters or meals furnished without charge are stated with appropriate deduction from per diem; and any leave taken has been noted in the itinerary.		NET APPROVED	
		CREDIT TO ADVANCE ACCOUNT	
		NET TO PAYEE	

DATE 28 January 1960	SIGNATURE OF PAYEE	TRAVELER NOTIFIED THIS BALANCE DUE	
APPROVED		CERTIFIED FOR PAYMENT OR CREDIT	

DATE 28 Jan 1960	SIGNATURE OF APPROVING OFFICER 25X1A	DATE	AUTHORIZED CERTIFYING OFFICER
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OBLIGATION REFERENCE NO.		CHARGE ALLOTMENT NO. 0125-1009-100		I HEREBY ACKNOWLEDGE THE RECEIPT OF THE SUM OF	
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DATE	SIGNATURE OF AUTHORIZING OFFICER	DATE	SIGNATURE OF PAYEE
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SPACE BELOW FOR FINANCE USE ONLY								
(13-22) DESCRIPTION	(40-42) EXPEND. CODE	(47-52) ADVANCE ACCT. NO.	(53-57) GENERAL LEDGER ACCT. NO.	(59-67) ALLOTMENT LEDGER ACCT. NO.		(68-70) OBJEC-TIVE CLASS	(71-80) AMOUNT	
					X VOUCHER NO.		DEBIT	CREDIT

SECRET

TRAVEL VOUCHER				Submit an original and one copy. Submit an additional copy if the originating office desires an audited copy of the voucher returned.							
NAME OF PAYEE (Include employee personnel serial no., if any) ██████████ 25X1A				OFFICIAL DUTY STATION New York City		TELEPHONE EXT. 8612					
PERIOD COVERED BY THIS VOUCHER				TRAVEL ORDER NUMBER OR AUTHORITY FOR TRAVEL							
FROM 7 December 1959		TO 17 December 1959		TSS-296-60 (1) BLANKET							
SUMMARY OF EXPENSES CLAIMED BY TRAVELER				THIS SPACE FOR FINANCE USE ONLY							
PER DIEM		42.00						VOUCHER NO.			
TRANSPORTATION		40.56									
OTHER		7.20									
TOTAL		89.76						TOTAL CLAIMED			
LESS ADVANCES AND TICKETS FURNISHED								LESS ADJUSTMENTS:			
BALANCE DUE TRAVELER		89.76									
EXCESS ADVANCED TO BE REFUNDED <i>(Attach copy of refund receipt)</i>											
25X1A PAYMENT INSTRUCTIONS											
██████████											
CERTIFICATIONS AND APPROVAL				AUDITED BY NET APPROVED CREDIT TO ADVANCE ACCOUNT NET TO PAYEE							
I certify that this voucher and any attachments are correct, the expenses were incurred on official business of a confidential nature, payment or credit has not been received; all quarters or meals furnished without charge are stated with appropriate deduction from per diem; and any leave taken has been noted in the itinerary.											
DATE 22 Dec 59		SIGNATURE OF PAYEE									
APPROVED				CERTIFIED FOR PAYMENT OR CREDIT							
DATE 22 Dec 59		SIGNATURE OF APPROVING OFFICER 25X1A ██████████ C/TSS/83		DATE		AUTHORIZED CERTIFYING OFFICER					
I CERTIFY FUNDS ARE AVAILABLE				RECEIPT							
OBLIGATION REFERENCE NO.		CHARGE ALLOTMENT NO. 0125-1009-1000		I HEREBY ACKNOWLEDGE THE RECEIPT OF THE SUM OF							
DATE		SIGNATURE OF AUTHORIZING OFFICER		DATE		SIGNATURE OF PAYEE					
SPACE BELOW FOR FINANCE USE ONLY											
(13-22) DESCRIPTION	(40-42) EXPEND. CODE	(47-52) ADVANCE ACCT. NO.	(53-57) GENERAL LEDGER ACCT. NO.	(59-67) ALLOTMENT LEDGER ACCT. NO.		(68-70) OBJEC-TIVE CLASS	(71-80) AMOUNT				
					X VOUCHER NO.		DEBIT	CREDIT			

TIME AND ATTENDANCE

SECRET

(When Filled In)

Approved For Release 00/04/14 : CIA-RDP78-03735A000200003-9
NOTE - See instructions on reverse side. 25X1A
DUTY STATUS REPORT

NAME (Type or print) [REDACTED] PAY ROLL NO. STATION/BASE PAY ROLL PERIOD
FROM: 8 July TO: 4 Aug 62

TOUR OF DUTY THIS SPACE FOR PAY ROLL OFFICE USE ONLY
FROM TO ALLOTMENT NO. 3125-1080-1000 ROLL NO. PAY PER NO. REF. NO. F.V.

PERIOD		PAY STATUS			O/T DUTY		HOURS OF N/D, H/T, O/T		ABSENCE FROM DUTY						
MONTHLY	BIWEEKLY	R/T	N/D	H/T	O/T	C/T	FROM	TO	A/L	S/L*	LWOP	C/T	H/L	OTHER	INITIALS
1	SUN														
2	MON														
3	TUE														
4	WED														
5	THU														
6	FRI														
7	SAT														
8	SUN														
9	MON														
10	TUE														
11	WED														
12	THU														
13	FRI														
14	SAT														
15															
SUBTOTALS															

Copy

16	SUN														
17	MON	8	23 July 1962 (New York City to Washington, D. C.)												
18	TUE														
19	WED														
20	THU														
21	FRI														
22	SAT														
23	SUN														
24	MON														
25	TUE														
26	WED														
27	THU														
28	FRI														
29	SAT														
30															
31															

SUBTOTALS		8					HOURS OF OVERTIME AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY LEAVE									* I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY
TOTALS		8					O/T	C/T								

REMARKS: (Include irregular tours of duty, also other details necessary to support payments of salary, salary differentials and allowances such as arrivals, departures, changes in quarters or dependents, etc.)

 SEE REVERSE SIDE FOR TDY TRAVEL, ETC.

THIS SPACE FOR PAY ROLL OFFICE USE ONLY				
TAX	TAX	OTHER	GRADE	RATE

CERTIFICATIONS
CERTIFIED CORRECT 25X1A
A [REDACTED] C/TSD/RB
B [REDACTED]
CERTIFIED CORRECT - OVERTIME AUTHORIZED FOR PAYMENT AND/OR CREDIT AS COMPENSATORY TIME RECORDED ABOVE ON TOTALS LINE
(SIGNATURE - SEE INSTRUCTIONS)

SECRET

(When Filled In)

TDY TRAVEL REPORT - FIELD USE ONLY

COMPLETE ONLY FOR TDY TRAVEL "FROM" OR "TO" POSTS WITH SALARY DIFFERENTIAL

TRAVEL WAS TO		FOREIGN POST	TERRITORIAL POST		
DATES		POINT OF TDY ASSIGNMENT	NO. OF DAYS SPENT AT TDY POINT	DATES	
DEPARTED PERMANENT STATION	ARRIVED TDY POINT			DEPARTED TDY POINT	ARRIVED PERMANENT STATION

REMARKS:

INSTRUCTIONS

ITEM	EXPLANATION
"TOUR OF DUTY"	SHOW HOURS OF REGULAR ASSIGNMENT FOR THE PAY PERIOD (Week or day). USE "REMARKS" SPACE AS NECESSARY FOR EXPLANATIONS.
PERIOD -- "MONTHLY"	USE THE PREPRINTED DATES FOR THOSE INDIVIDUALS PAID EACH CALENDAR MONTH (Disregard biweekly column)
"BIWEEKLY"	USE THE PREPRINTED DAYS OF THE WEEK FOR THOSE INDIVIDUALS PAID EACH TWO BIWEEKLY PERIODS (Disregard monthly column and excess lines)
PAY STATUS, O/T DUTY, HOURS OF N/D, H/T, O/T	SUMMARY OF ALL HOURS WORKED OR IN LEAVE WITH PAY STATUS. "R/T"--REGULAR TIME--Whole hours of duty for each day of basic 40-hour week. "N/D"--NIGHT DIFFERENTIAL--Whole hours worked for which payment is to be made. "H/T"--HOLIDAY TIME--Whole hours worked for which payment is to be made. "O/T"--OVERTIME--Whole hours worked for which payment is to be made. "C/T"--COMPENSATORY TIME--Whole hours worked. "FROM" AND "TO"--Time of all work performed outside of regular assigned tour of duty.
"ABSENCE FROM DUTY"	SUMMARY OF ALL ABSENCES FROM DUTY. "A/L"--ANNUAL LEAVE--Whole hours of annual leave taken. "S/L"--SICK LEAVE--Whole hours of sick leave taken. "LWOP"--LEAVE WITHOUT PAY--Whole hours of leave without pay specifically approved and absence, other than sick leave, of new employee during first 90 days after entrance on duty. The pay roll office will adjust record as necessary when leave is exhausted and LWOP must be substituted. Absence with pay as A/L, S/L, C/T or H/L does not reduce R/T. "C/T"--COMPENSATORY TIME--Whole hours of compensatory time taken off. "H/L"--HOME LEAVE--Full days of home leave taken. "OTHER"--Whole hours of absences not in above categories, explain under "Remarks." "INITIALS"--Obtain initials of employee for periods of absence.
TOTALS	COMPLETE SUBTOTALS AND PERIOD TOTALS.
"CERTIFICATIONS"	AT HEADQUARTERS
	AT FIELD STATIONS OR BASES
"A"	SUPERVISOR OR TIMEKEEPER MUST CERTIFY WHEN NO OVERTIME HOURS ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY TIME.
"B"	EMPLOYEE WILL CERTIFY
	SUPERVISOR MUST CERTIFY WHEN ANY HOURS OF OVERTIME ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY TIME.
	CHIEF OF STATION OR BASE WILL CERTIFY

SECRET

25X1A

Approved For Release 2000/04/14 : CIA-RDP78-03735A000200040003-9

DEPARTMENTAL TIME AND ATTENDANCE REPORT

EMPLOYEE NAME (Print or type) [REDACTED] (Consultant) EMPLOYEE PAYROLL NO. [REDACTED] PAYROLL PERIOD FROM: 9 July 1961 TO: 5 Aug 1961

TOUR OF DUTY FROM: [REDACTED] TO: [REDACTED] FOR PAY ROLL OFFICE USE ONLY ALLOTMENT NO. 2125-1080-1000 ROLL NO. PAY PER. NO. REF. NO. F.Y.

Table with columns: DAY OF WEEK, PAY STATUS (R/T, N/D, H/T), O/T DUTY (O/T, C/T), HOURS OF N/D, H/T & O/T (FROM, TO), HOURS ABSENT (A/L, S/L*, LWOP, C/T, OTHER), INITIALS. Includes rows for days of the week and subtotals.

REMARKS: (Include irregular tours of duty) [REDACTED]

THIS SPACE FOR PAY ROLL OFFICE USE ONLY. Table with columns: TAX, TAX, OTHER, GRADE, RATE.

SEE REVERSE SIDE CERTIFICATION

SUPERVISOR MUST CERTIFY WHEN ANY HOURS OF OVERTIME ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATION. I CERTIFY THIS T/A IS CORRECT. THE OVERTIME AUTHORIZED FOR PAYMENT AND/OR CREDIT AS COMPENSATORY TIME IS RECORDED ABOVE. SIGNATURE OF SUPERVISOR [REDACTED] EXTENSION [REDACTED]

SUPERVISOR OR TIMEKEEPER MUST CERTIFY WHEN NO OVERTIME HOURS ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY LEAVE. I CERTIFY THAT THIS T/A IS CORRECT. 25X1A [REDACTED] C/TSD/RB [REDACTED] SIGNATURE OF SUPERVISOR OR TIMEKEEPER [REDACTED] EXTENSION [REDACTED]

EMPLOYEE NAME (Print or type) [REDACTED] (CONSULTANT) EMPLOYEE PAYROLL NO. [REDACTED] PAYROLL PERIOD FROM: 22 Jan 61 TO: 18 Feb 61

TOUR OF DUTY [REDACTED] FOR PAY ROLL OFFICE USE ONLY
 FROM: [REDACTED] TO: [REDACTED] ALLOTMENT NO. 1125-1080-1000 ROLL NO. PAY PER. NO. REF. NO. F.Y.

DAY OF WEEK	PAY STATUS			O/T DUTY		HOURS OF N/D, H/T & O/T		HOURS ABSENT					INITIALS
	R/T	N/D	H/T	O/T	C/T	FROM	TO	A/L	S/L*	LWOP	C/T	OTHER	
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED	8					1 February 1961 (New York City to Wash., D.C.)							
THU	8					2 February 1961 (New York City to Wash., D.C.)							
FRI													
SAT													
SUBTOTALS													
SUN													
MON													
TUE													
WED													
THU	8					9 February 1961 (New York City to Princeton, N. J.)							
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUBTOTALS													
TOTALS						HOURS OF OVERTIME AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY LEAVE ←							* I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY

REMARKS: (Include irregular tours of duty) [REDACTED]

THIS SPACE FOR PAY ROLL OFFICE USE ONLY

TAX	TAX	OTHER	GRADE	RATE

SEE REVERSE SIDE

CERTIFICATION

SUPERVISOR MUST CERTIFY WHEN ANY HOURS OF OVERTIME ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATION.

I CERTIFY THIS T/A IS CORRECT. THE OVERTIME AUTHORIZED FOR PAYMENT AND/OR CREDIT AS COMPENSATORY TIME IS RECORDED ABOVE.

SUPERVISOR OR TIMEKEEPER MUST CERTIFY WHEN NO OVERTIME HOURS ARE AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY LEAVE.

I CERTIFY THAT THIS T/A IS CORRECT.

25X1A [REDACTED] c/rsp/rs [REDACTED]

SIGNATURE OF SUPERVISOR EXTENSION SIGNATURE OF SUPERVISOR OR TIMEKEEPER EXTENSION

15X1A

Approved For Release 2000/04/14 : CIA-RDP78-03735A000200040003-9
CONFIDENTIAL
DEPARTMENTAL TIME AND ATTENDANCE REPORT

(CONSULTANT)

EMPLOYEE PAYROLL NO.

PAYROLL PERIOD

FROM: 10 July 1960

TO: 6 August 1960

TOUR OF DUTY

FOR PAY ROLL OFFICE USE ONLY

FROM:

TO:

ALLOTMENT NO.

1185-1009-1000

ROLL NO.

PAY PER. NO.

REF. NO.

F.Y.

DAY OF WEEK	HOURS WORKED AND IN PAY STATUS						HOURS ABSENT						
	R/T	O/T	N/D	H/T	C/T	FROM	TO	A/L	S/L*	LWOP	C/T	OTHER	INITIALS
SUN													
MON	8					(22 June to Princeton)							
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUB-TOTALS						PUNCH	AN. SALARY						
SUN													
MON													
TUE													
WED	8					(27 July to Philadelphia)							
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUB-TOTALS						PUNCH	AN. SALARY						
PER-TOTALS	12 (2 days)												

*I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY.

REMARKS (Include irregular tours of duty)

CERTIFIED CORRECT

2292

OVER

SUPERVISOR/TIMEKEEPER

EXT.

25X1A

CONFIDENTIAL FUNDS
DEPARTMENTAL TIME AND ATTENDANCE REPORT

EMPLOYEE NAME (Print or type) [REDACTED] (Consultant) EMPLOYEE PAYROLL NO. PAYROLL PERIOD
FROM: 17 April 1960 TO: 14 May 1960

TOUR OF DUTY FOR PAY ROLL OFFICE USE ONLY
FROM: TO: ALLOTMENT NO. 0125-1009-1000 ROLL NO. PAY PER. NO. REF. NO. F.Y.

DAY OF WEEK	HOURS WORKED AND IN PAY STATUS							HOURS ABSENT					INITIALS
	R/T	O/T	N/D	H/T	C/T	FROM	TO	A/L	S/L*	LWOP	C/T	OTHER	
SUN													
MON													
TUE													
WED	8						20, 21 April 1960						
THU	8												
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUB-TOTALS							PUNCH	AN. SALARY					

SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUB-TOTALS							PUNCH	AN. SALARY					
PER-TOTALS								\$					

I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY.

REMARKS (Include irregular tours of duty) CERTIFIED CORRECT
 OVER SUPERVISOR/TIMEKEEPER EXT. 2908

25X1A

CONFIDENTIAL FUNDS
DEPARTMENTAL TIME AND ATTENDANCE REPORT

EMPLOYEE NAME (Print or type) [REDACTED] (CONSULTANT)	EMPLOYEE PAYROLL NO.	PAYROLL PERIOD FROM: 21 Feb 60 TO: 19 Mar 60
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TOUR OF DUTY FROM: TO:		FOR PAY ROLL OFFICE USE ONLY				
		ALLOTMENT NO. 0125-1009-1000	ROLL NO.	PAY PER. NO.	REF. NO.	F.Y.

DAY OF WEEK	HOURS WORKED AND IN PAY STATUS						HOURS ABSENT						
	R/T	O/T	N/D	H/T	C/T	FROM	TO	A/L	S/L*	LWOP	C/T	OTHER	INITIALS
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE		8											
WED		8											
THU													
FRI													
SAT													
SUB-TOTALS						PUNCH	AN. SALARY						

SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUB-TOTALS						PUNCH	AN. SALARY						

PER-TOTALS	1, 2 March					PUNCH	AN. SALARY						
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*I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY.

25X1A

REMARKS (Include irregular tours of duty)

OVER

CERTIFIED CORRECT

SUPERVISOR/TIMEKEEPER

25X1A

**CONFIDENTIAL FUNDS
DEPARTMENTAL TIME AND ATTENDANCE REPORT**

EMPLOYEE NAME (Print or type) [REDACTED] (CONSULTANT)	EMPLOYEE PAYROLL NO.	PAYROLL PERIOD FROM: 24 Jan 60 TO: 20 Feb 60
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TOUR OF DUTY	FOR PAY ROLL OFFICE USE ONLY					
FROM:	TO:	ALLOTMENT NO. 0125-1009-1000	ROLL NO.	PAY PER. NO.	REF. NO.	F.Y.

DAY OF WEEK	HOURS WORKED AND IN PAY STATUS						HOURS ABSENT						
	R/T	O/T	N/D	H/T	C/T	FROM	TO	A/L	S/L*	LWOP	C/T	OTHER	INITIALS
SUN													
MON													
TUE	8												
WED	8												
THU	8												
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													

SUB-TOTALS						PUNCH	AN. SALARY
							\$

SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													

SUB-TOTALS						PUNCH	AN. SALARY
							\$

PER-TOTALS						PUNCH	AN. SALARY
							\$

*I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY.

REMARKS (Include irregular tours of duty)	CERTIFIED CORRECT
<input type="checkbox"/> OVER	_____ SUPERVISOR/TIMEKEEPER
	EXT.

CONFIDENTIAL FUNDS
DEPARTMENTAL TIME AND ATTENDANCE REPORT

25X1A

EMPLOYEE NAME (Print or type) [REDACTED] EMPLOYEE PAYROLL NO. [REDACTED] PAYROLL PERIOD
 FROM: **29 Nov 59** TO: **26 Dec 59**

TOUR OF DUTY [REDACTED] FOR PAY ROLL OFFICE USE ONLY
 FROM: [REDACTED] TO: [REDACTED] ALLOTMENT NO. **0125-1009-1000** ROLL NO. [REDACTED] PAY PER. NO. [REDACTED] REF. NO. [REDACTED] F.Y. [REDACTED]

DAY OF WEEK	HOURS WORKED AND IN PAY STATUS							HOURS ABSENT					
	R/T	O/T	N/D	H/T	C/T	FROM	TO	A/L	S/L*	LWOP	C/T	OTHER	INITIALS
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													

SUB-TOTALS [REDACTED] PUNCH [REDACTED] AN. SALARY [REDACTED]

SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													

SUB-TOTALS [REDACTED] PUNCH [REDACTED] AN. SALARY [REDACTED]

PER-TOTALS **24** (8, 16, 17 December 1959) [REDACTED]

I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY.

REMARKS (Include irregular tours of duty) [REDACTED] CERTIFIED CORRECT

FORM 4-57 20a **Approved For Release 2000/04/14 : CIA-RDP78-03735A000200040003-9** EDITIONS. OVER SUPERVISOR/TIMEKEEPER EXT.

STATEMENT OF EARNINGS AND DEDUCTIONS

SECRET

(WHEN FILLED IN)

STATEMENT of EARNINGS and DEDUCTIONS

NO. 25X1A	ROLL	NUMBER	PAY PERIOD DATE	ALLOTMENT	STA. NO.
[REDACTED]	32	[REDACTED]	05/01 - 5/31	12510091000	000

EARNINGS	DESCRIPTION
09* 100.00	REG SAL

25X1A

- LEGEND of ACTION CODES
1. Promotions
 2. Periodic Step Increase
 3. Field Allotment
 4. Salary Differential
 5. Leave Without Pay
 6. Hospital, Insurance, Credit Union
 7. Overpayment
 8. Tax Deduction Change
 9. Allowances
 - 10.

DEDUCTIONS	DESCRIPTION

PAYMENTS and/or REFUND DUE	DESCRIPTION

ACTION DATA												
EFFECTIVE DATE			CO-DE	EFFECTIVE DATE			CO-DE	ADDL. COMP.			HOL.	
DAY	MO.	Y.		DAY	MO.	Y.		P/P	P/P	O/T		N/D

REFUNDS DUE FROM EMPLOYEE

* ASTERISK Denotes other than Normal Salary

100.00			100.00	100.00	TOTALS
NET PAY			PD. at HDQTS.		

SECRET

*paid for services rendered, 4/17 - 5/14/60
2 days @ \$50.00 per day, no tax w/h.*

EMPLOYEE NAME:



25X1A

SECRET

TSS.

*Paid for service rendered, 8/10 - 8/16/60
2 days @ \$50.00 per day.*

25X1A

EMPLOYEE NAME



SECRET

ISD

~~SECRET~~

(WHEN FILLED IN)

25X1A

STATEMENT of EARNINGS and DEDUCTIONS

NAME [REDACTED]		ROLL 32	NUMBER [REDACTED]	PAY PERIOD DATE 03/01 - 3/31	ALLOTMENT 12510091000	STA. NO. 000			
EARNINGS		DESCRIPTION		25X1A					
09*	150.00	REG SALARY		<p>LEGEND of ACTION CODES</p> <ol style="list-style-type: none"> 1. Promotions 2. Periodic Step Increase 3. Field Allotment 4. Salary Differential 5. Leave Without Pay 6. Hospital, Insurance, Credit Union 7. Overpayment 8. Tax Deduction Change 9. Allowances 10. <p>* ASTERISK Denotes other than Normal Salary</p>					
09*	100.00	REG SALARY							
DEDUCTIONS		DESCRIPTION							
PAYMENTS and/or REFUND DUE		DESCRIPTION							
REFUNDS DUE FROM EMPLOYEE									
ACTION DATA									
EFFECTIVE DATE	CO-DE	EFFECTIVE DATE	CO-DE				ADDL. COMP.		
DAY MO. Y		DAY MO. Y					P/P	P/P	O/T
									R/D HOL.
250.00							250.00		250.00
				NET PAY		PD. at HDQTS.			
				TOTALS					

paid for services rendered 1/24 - 2/20/60

3 days @ \$50.00 per day. no tax w/in.

paid for services rendered, 2/21 - 3/14/60

EMPLOYEE NAME: 2 days @ \$50.00 per day. no tax w/in.



SECRET

TSS.

25X1A

SECRET

(WHEN FILLED IN)

STATEMENT of EARNINGS and DEDUCTIONS

NAME		25X1A		ROLL	NUMBER	PAY PERIOD DATE	ALLOTMENT	STA. NO.					
[REDACTED]		[REDACTED]		32	[REDACTED]	12/01 - 12/31	12510091000	000					
EARNINGS		DESCRIPTION		25X1A									
09*	150.00	REG SALARY		<p>LEGEND of ACTION CODES</p> <ol style="list-style-type: none"> 1. Promotions 2. Periodic Step Increase 3. Field Allotment 4. Salary Differential 5. Leave Without Pay 6. Hospital, Insurance, Credit Union 7. Overpayment 8. Tax Deduction Change 9. Allowances 10. <p>* ASTERISK Denotes other than Normal Salary</p>									
DEDUCTIONS		DESCRIPTION											
PAYMENTS and/or REFUND DUE		DESCRIPTION											
REFUNDS DUE FROM EMPLOYEE													
ACTION DATA													
EFFECTIVE DATE	CO-DE	EFFECTIVE DATE	CO-DE						ADDL. COMP.				
DAY MO. Y		DAY MO. Y							P/P	F/P	O/T	N/D	HOL.
150.00				150.00		150.00		TOTALS					
				NET PAY		PD. of HDQTS.							

SECRET

*E.O.D. in status undetermined eff. 1 Dec. 59.
3 days @ \$50.00 per day. no tax w/n.*

EMPLOYEE NAME:



25X1A

SECRET

TSS

SECRET

Approved For Release 2000/04/14 : CIA-RDP78-03735A000200040003-9

TRAVEL VOUCHER				Submit an original and one copy. Submit an additional copy if the originating office desires an audited copy of the voucher returned.				
NAME OF PAYEE (Include employee personnel serial number, if any)				OFFICIAL DUTY STATION		TELEPHONE EXT.		
PERIOD COVERED BY THIS VOUCHER				TRAVEL ORDER NO. OR AUTHORITY FOR TRAVEL				
FROM		TO		THIS SPACE FOR FINANCE USE ONLY				
SUMMARY OF EXPENSES CLAIMED BY TRAVELER								
PER DIEM								
TRANSPORTATION								
OTHER								
TOTAL								
LESS ADVANCES AND TICKETS FURNISHED								
BALANCE DUE TRAVELER								
EXCESS ADVANCED TO BE REFUNDED								
(Attach copy of refund receipt)								
PAYMENT INSTRUCTIONS				VOUCHER NO.				
CERTIFICATIONS AND APPROVAL				TOTAL CLAIMED				
<p>I certify that this voucher and any attachments are correct, the expenses were incurred on official business of a confidential nature, payment or credit has not been received; all quarters or meals furnished without charge are stated with appropriate deduction from per diem; and any leave taken has been noted in the itinerary.</p>								
				AUDITED BY				NET APPROVED
<p>DATE: [REDACTED]</p> <p style="text-align: right;">APPROVED 25X1A</p>				CREDIT TO ADVANCE ACCOUNT				
				NET TO PAYEE				
<p>DATE: _____ SIGNATURE OF APPROVING OFFICER: _____</p> <p>I CERTIFY FUNDS ARE AVAILABLE</p> <p>OBLIGATION REFERENCE NO. _____ CHARGE ALLOTMENT NO. _____</p> <p>DATE: _____ SIGNATURE OF AUTHORIZING OFFICER: _____</p>				<input checked="" type="checkbox"/> TRAVELER NOTIFIED THIS BALANCE DUE				
				CERTIFIED FOR PAYMENT OR CREDIT				RECEIPT
<p>DATE: _____ SIGNATURE OF APPROVING OFFICER: _____</p>				I HEREBY ACKNOWLEDGE THE RECEIPT OF THE SUM OF				
				DATE: _____ SIGNATURE OF PAYEE: _____				
SPACE BELOW FOR FINANCE USE ONLY								
(13-22) DESCRIPTION	(40-42) EXPEND. CODE	(47-52) ADVANCE ACCT. NO.	(53-57) GENERAL LEDGER ACCT. NO.	(59-67) ALLOTMENT LEDGER ACCT. NO.		(68-70) OBJECTIVE CLASS	(71-80) AMOUNT	
				X VOUCHER NO.			DEBIT	CREDIT

